



Attorney Docket No. Attorney Docket No. T3264-906762

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Hatem TRABELSI) Group Art Unit: 2157
Appln. No. 09/740,800) Examiner: Y. Dalencourt
Filed: December 21, 2000)
For: DEVICE AND METHOD FOR)
CONTROLLING ACCESS TO)
RESOURCES)

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

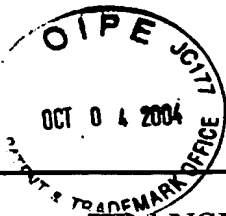
Sir:

In response to the Office Action mailed on July 2, 2004, please amend the above-identified patent application as indicated below.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks begin on page 9 of this paper.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/740,800		
	Filing Date	December 21, 2000	
	First Named Inventor	Hatem TRABELSI	
	Group Art Unit	2157	
	Examiner Name	Y. Dalenc	
Total Number of Pages in This Submission	10	Attorney Docket Number	T3264-906762

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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-1165 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Edward J. Kondracki, Reg. No. 20,604 Miles & Stockbridge P.C. 1751 Pinnacle Drive Suite 500 McLean, VA 22102
Signature	
Date	October 4, 2004

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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